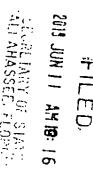
L19000145874

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(, ,,,	are 33)	
(Cit	y/State/Zip/Phone	€#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
·	•	ŕ
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	!

Office Use Only



100330663651



06/11/19--01009--003 **155.00

DEPANIMENTE STATE
DIVISION OF CORPORATIONS
PTALL ARASSET FLORIDA

GBAIBUBE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mario 5 Martone A
Name of Person
1555 DELANEY Dr APT 1412
TALLA HASSE.FI
$\frac{TA//A hASS \in FL}{32.309}$
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hario Martoneat (850) 405 5417 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$125.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agencies provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager 	Mario. J. Harlow. A.
1120	1555 DELANCY Dr APT 1912
1967	TALLA HASSE +6. 32309
	
1.1 1 1.20	
(Use attachment if necessary) EV: Effective date, if other than the	date of filling: (OPTIONAL)
EV: Effective date, if other than the ective date is listed, the date must be	date of filing:
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must be filing.) the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the effive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the effive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must b	not meet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the effive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Department of the Dep	not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the etive date is listed, the date must liftling.) the date inserted in this block does nent's effective date on the Departmet VI: Other provisions, if any, REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.
EV: Effective date, if other than the etive date is listed, the date must be filling.) the date inserted in this block does ment's effective date on the Department's effective date on the Dep	not meet the applicable statutory filing requirements, this date will not ment of State's records.
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does ment's effective date on the Department's effective date on the Dep	not meet the applicable statutory filing requirements, this date will not ment of State's records. Ta member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, or false information submitted in a document to the Department of State
EV: Effective date, if other than the etive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Departmet VI: Other provisions, if any, REQUIRED SIGNATURE: Signature of This document is each am aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. Ta member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)